

Helpful Information for an Application

Whether you are using an agent, kynector or creating an application on your own, the following items listed below, even though not all needed, may speed up the enrollment process.

2016 Open Enrollment: Nov. 1, 2015 – Jan. 31, 2016

GENERAL INFORMATION

What is your contact information?

- Email Address
- Current Mailing Address (*very important to **ALWAYS** keep this current especially if anyone in your family is Medicaid eligible—Medicaid will be suspended for an incorrect address.*)
- Phone Number (*where you can always be reached*)

Who is in your household (including you)?

- Names
- Dates of birth
- Social Security Numbers (SSN) of **all** persons living in your house

WORK INFORMATION

What is the work information for each person in your household (*dependents income may or may not be countable*)?

- Work Name with Employer Identification Number (*if known— EIN is located on your W-2 form*)
- Work Address
- Work Phone Number or Work Number for your Human Resources Office/Contact

INCOME/EXPENSES

Can you provide current income information? (*some examples are listed below*)

- Gross income from wages with payment frequency (*i.e., weekly, monthly, twice a month*)
- Self -Employment net profit (*gross profit – expenses = net profit*)
- Unearned income (*i.e., unemployment, pension/retirement, or RSDI*)
- Alimony received

Can you provide proof of income if required? (*pick at least one*)

- W-2 Form(s)
- Last year's Tax Return(s)
- Pay Stubs from the last two months
- Proof of unearned income (*disability check stub, unemployment award letter, RSDI award letter etc...*)
- Other proof of income (*self-employment net profit, alimony received, etc...*)

Do you have any of these expenses?

- Alimony (*if you **pay** alimony*)
- Student loan interest payment (*only the interest **NOT** the loan amount*)
- Teacher expenses (*if you are a qualified K-12th grade school teacher only*)
- Post-secondary (*higher education*) school tuition and fees

OTHER HEALTH INSURANCE INFORMATION

Is anyone in your household offered employer sponsored insurance (ESI) OR have employer sponsored insurance? If so, can you provide the following information?

- Lowest minimal essential cost of employer sponsored insurance to the individual who has direct access to employer sponsored insurance (**NOT** the cost if you add your family-if the employer extends coverage to the family).
- Provide a copy of your work's ESI summary of benefits page

Do you or any family members have any other types of health insurance coverage? If so, what are the coverage start/end dates?

- Private Insurance
- Veteran's Insurance
- Medicare